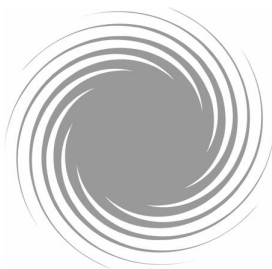


Experience of Care and Health Outcomes (ECHO[®]) Survey

**Adult
Supplemental Items
Version 3.0
English**



**The ECHO Survey is part of the CAHPS family of surveys,
which are developed with support from the Agency for
Healthcare Research and Quality (AHRQ), Rockville, MD**

Questions about Improvement

Insert after MBHO or MCO core question 34:

I1. What is your current employment status?

- ☐ Unemployed → **If Unemployed, Go to Question X**
- ☐ Employed full-time
- ☐ Employed part-time

I2. Compared to 12 months ago, how would you rate your work situation now?

- ☐ Much better
- ☐ A little better
- ☐ About the same
- ☐ A little worse
- ☐ Much worse

I3. What is your current school status?

- ☐ Not in school → **If Not in School, Go to Question X**
- ☐ Full-time student
- ☐ Part-time student

I4. Compared to 12 months ago, how would you rate your school situation now?

- ☐ Much better
- ☐ A little better
- ☐ About the same
- ☐ A little worse
- ☐ Much worse

I5. In the last 12 months, what effect has the counseling or treatment you got had on the quality of your life?

- ☐ Very helpful
- ☐ A little helpful
- ☐ Not helpful or harmful
- ☐ A little harmful
- ☐ Very harmful

Questions About Counseling or Treatment

The main clinician:

Insert after MBHO or MCO core question 34:

CT1. In the last 12 months, was there one person who provided most of your counseling or treatment?

- ☐ Yes
- ☐ No → **If No, Go to Question X**

CT2. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate the person who provided most of your counseling or treatment?

- ☐ 0 Worst possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best possible

Office staff:

Insert after MBHO or MCO core question 34:

CT3. In the last 12 months, did you call or talk with office staff at any of the places you went to get counseling or treatment?

- ☐ Yes
☐ No → If No, Go to Question X

CT4. In the last 12 months, how often did the office staff you talked with treat you with courtesy and respect?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

CT5. In the last 12 months, how often were the office staff you talked with as helpful as you thought they should be?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

Medicines:

Insert items CT6 - CT8 after MBHO or MCO core question 17:

CT6. In the last 12 months, did you experience any side effects from these medicines?

- ☐ Yes
☐ No → If No, Go to Question X

CT7. Were any changes made to your medicines to reduce or get rid of these side effects?

- ☐ Yes
☐ No

CT8. In the last 12 months, were you told about any medicines, different from those you may already be taking, that might be helpful in your treatment?

- ☐ Yes
☐ No

Tests or Assessments:

Insert items after MBHO or MCO core question 28:

CT9. In the last 12 months, did the people you went to for counseling or treatment do any tests or assessments with you?

- ☐ Yes
☐ No → If No, Go to Question X

CT10. In the last 12 months, were you told about the results of these tests or assessments?

- ☐ Yes
☐ No

Clinicians or Therapists:

Insert items after MBHO or MCO core question 28:

CT11. In the last 12 months, how often did you feel comfortable raising any issues or concerns you had about your counseling or treatment?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

CT12. In the last 12 months, how often did the people you went to for counseling or treatment act as though they thought you could improve?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

Question about Recovery

Insert after MBHO Core question 43 & MCO Core question 55:

R1. In general, how would you rate your recovery now?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

**Questions about the Company that handles
benefits for Counseling or Treatment
and Health Plan**

*Insert after MBHO core question 41 or MCO
core question 53. Supplemental item 1 is for
MBHOs only:*

**C1. Using any number from 0 to 10, where
0 is the worst possible and 10 is the
best possible, what number would you
use to rate the company that handled
your benefits for counseling or
treatment?**

- ☐ 0 Worst possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best possible

C2. Do you have access to the Internet?

- ₁ ☐ Yes
- ₂ ☐ No → If No, Go to Question X

**C3. In the last 12 months, did you look for
any information about counseling or
treatment at your [health
plan's/company's] website?**

- ₁ ☐ Yes
- ₂ ☐ No → If No, Go to Question X

**C4. In the last 12 months, how much of a
problem, if any, was it to find or
understand this information?**

- ₁ ☐ A big problem
- ₂ ☐ A small problem
- ₃ ☐ Not a problem